



GP/3731
PATENT
Attorney Docket No. 101.0101-00000
Customer No. 22882

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3700 MAIL ROOM

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Gary K. Michelson, M.D.)
Serial No.: 09/768,991) Group Art Unit: 3731
Filed: January 23, 2001)
For: INTERBODY SPINAL IMPLANT)
WITH TRAILING END ADAPTED TO)
RECEIVE BONE SCREWS)
(as amended))

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

CERTIFICATE OF MAILING VIA FIRST CLASS MAIL

Date of Deposit: January 24, 2002

I hereby certify that:

1. Transmittal Form (in duplicate)
2. Amendment
3. Information Disclosure Statement Under 37 C.F.R. § 1.97(b)
4. Form PTO-1449
5. Copies of 78 references cited therein
6. Check in the amount of \$540.00 (additional claims fee)
6. Self-addressed return postcard receipt

are being deposited with the United States Postal Service to Addressee with sufficient postage as first class mail under 37 C.F.R. § 1.8 on the date indicated above and are addressed to:

Assistant Commissioner for Patents
Washington, D.C. 20231

Date: January 24, 2002

Sandra L. Blackmon
Sandra L. Blackmon

14500 Avion Parkway, Suite 300
Chantilly, VA 20151-1101
Telephone: 703-679-9300
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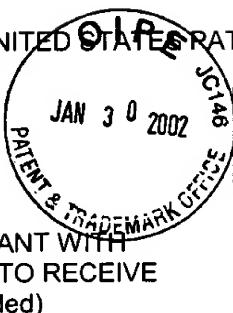
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson, M.D.

Serial No: 09/768,991

Filed: January 23, 2001

For: INTERBODY SPINAL IMPLANT WITH
TRAILING END ADAPTED TO RECEIVE
BONE SCREWS (as amended)

Art Unit: 3731

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TC 3700 MAIL ROOM

Assistant Commissioner for Patents

Washington, D.C. 20231

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.
 Applicant hereby requests a ***month extension of time to respond to the above office action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	148	-	118	**	30	LG=\$18 SM=\$9	\$18
INDEPENDENT CLAIMS FEE	6	-	6	***	0	LG=\$84 SM=\$42	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$0
						TOTAL	\$ 540.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

A check in the amount of \$540.00 to cover the additional claims fee is enclosed.
 A check in the amount of \$____ to cover the three month extension of time fee is enclosed.
 The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1066. **A copy of this sheet is enclosed.**
 Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
 Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
MARTIN & FERRARO, LLP

Date: January 23, 2002

By: 
Thomas H. Martin
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